

**APPLICATION FOR AUTHORIZATION  
AS AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT  
FOR CAPTIVE INSURANCE BUSINESS**

To the Commissioner, Department of Insurance, Commonwealth of Kentucky, I hereby apply for authorization as an independent certified public accountant for the transacting of audits for Captive Insurance Companies.

**INDIVIDUALS ONLY MAY APPLY**

1. Full Legal Name \_\_\_\_\_
2. Residence Address \_\_\_\_\_
3. (a) Date of Birth \_\_\_\_\_ (b) Social Security Number \_\_\_\_\_
4. Education and Degree \_\_\_\_\_  
High School \_\_\_\_\_  
College \_\_\_\_\_  
Graduate or Professional \_\_\_\_\_
5. List all insurance and/or captive auditing experience for past 15 years including specific dates (attach addition sheets as necessary).  
\_\_\_\_\_  
\_\_\_\_\_
6. List the captive account(s) you will be auditing.  
\_\_\_\_\_
7. Present Chief Occupation \_\_\_\_\_  
Position or Title \_\_\_\_\_ How Long? \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
How long with this employer? \_\_\_\_\_
8. Has applicant ever been arrested, or indicted for and/or convicted of any crime or offense other than a traffic violation? If "yes", submit full particulars of each case and disposition thereof.  
\_\_\_\_\_  
\_\_\_\_\_
9. I control directly or indirectly, or own legally or beneficially the outstanding stock of the following insurers: \_\_\_\_\_

10. Do you currently hold or have you held any type of insurance license? \_\_\_\_\_

(type)

(state)

(expiration date)

11. Have you ever had a license or privilege refused or revoked by an Insurance Department? If so, give details. \_\_\_\_\_

12. Are you currently licensed as a CPA? If so, please indicate state. \_\_\_\_\_

13. Has your license as a CPA in this state or any state ever been suspended or revoked? If so, give details. \_\_\_\_\_

14. Will you assign only individuals that have a minimum of two years insurance auditing experience?  
YES ☐ NO ☐

I hereby certify that I have read and understand all of the requirements and provisions of the Captive Insurance Statutes and Regulations and will fully comply therewith.

(NO FEE REQUIRED)

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

NOTARY SEAL

Notary Public authorized by law of the State of \_\_\_\_\_  
to administer oaths.

My commission expires on \_\_\_\_\_

Form CI120

Updated: February 2011